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Medical Report - Development of Dislocation

The information you provide on this form will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details

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| --- | --- | --- | --- | --- |
| **Surname** |  | **Given Names** |  | **DVA File Number** |
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Report Detail

A claim for service related compensation in respect of the above named leads the Department to consider the development of dislocation in this case. Would you please answer the following questions:

1. In which joint did the dislocation occur? *(Please identify the site and side of the body, where appropriate):*

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2. When did the dislocation occur?

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3. How did the dislocation occur? If it occurred as a consequence of a medical or surgical condition (eg, a fall occurring as a result of a transient ischaemic attack), please name the condition:

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4. Did the underlying pathology of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) permanently worsen?

 **No -** *Please sign the form and return it to the Department*

 **Yes -** *When did this occur and what do you believe to have been the cause of the worsening?*

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Details of Medical Practitioner providing advice:

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| --- | --- | --- |
| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
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|  |  |  **/ /** |